

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580758

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21	/		/			
22	/		/			
23	/		/			
24	/		/			
25	/		/			
26	/		/			
27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
32	/		/			
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63		/		/		
64		/		/		
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
70		/		/		
71		/		/		
72		/		/		
73		/		/		
74		/		/		
75		/		/		
76		/		/		
77		/		/		
78		/		/		
79		/		/		
80		/		/		
81		/		/		
82		/		/		
83		/		/		
84		/		/		
85		/		/		
86		/		/		
87		/		/		
88		/		/		
89		/		/		
90		/		/		
91		/		/		
92		/		/		
93		/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						